

## ACTICAL RESPONSE REPORT/Chicago Police Department

INFORMATION INVOLVED	1 DATE OF INCIDENT <b>01-JUL-2017</b>	TIME <b>22:51:00</b>	2 ADDRESS OF OCCURRENCE <b>2237 S KOSTNER AVE CHICAGO, IL 60623</b>	3 LOCATION CODE <b>291</b>	4. BEAT/OCCUR <b>1013</b>	5. VIDEOTAPED INCIDENT <input checked="" type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO		
	6. POSITION <b>9161 COJOCNEAN</b>	7. LAST NAME <b>DAN M</b>	8. FIRST NAME <b>DAN M</b>	9. STAR NO. <b>15003</b>	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE <b>WHI</b>	12. AGE <b>511</b>	13. HT. <b>175</b>
	15. DATE OF APPT <b>02-FEB-2015</b>	16. EMPLOYEE NO [REDACTED]	17. UNIT & BEAT OF ASSIGNMENT <b>010 1065B</b>	18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	21. LAST NAME <b>LOCKE</b>	22. FIRST NAME <b>QUENTICA</b>	23. M.I. [REDACTED]	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE <b>BLK</b>	26. D.O.B <b>27-AUG-1980</b>	27. HT. [REDACTED]	28. WT. [REDACTED]
	29. ADDRESS <b>CHICAGO, IL</b>	30. TELEPHONE NO. [REDACTED]	31. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	FIREARM - RIFLE, FIREARM - SEMI-AUTOMATIC	32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	34. IF SUBJECT INJURED, DESCRIBE INJURY 01 Fatal 02 Non-Fatal - Major Injury 03 Non-Fatal - Minor Injury	35. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>MOUNT SINAI HOSPITAL</b>	36. BY WHOM? [REDACTED]	37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized	38. CHARGES PLACED [REDACTED]	DNA	39. CB NO. [REDACTED]	IR NO
	40. PASSIVE RESISTER  <b>SUBJECT'S ACTIONS</b> DID NOT FOLLOW VERBAL DIRECTION STIFFENED (DEAD WEIGHT) OTHER _____	ACTIVE RESISTER FLED PULLED AWAY OTHER _____	ASSAILANT: ASSAULT IMMINENT THREAT OF BATTERY OTHER PERCEIVED AS _____	ASSAILANT: BATTERY ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____	ASSAILANT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER PERCEIVED AS _____			
	MEMBER'S RESPONSE MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/AUTHORIZATION LRAD WITH AUTHORIZATION OTHER _____	OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) 01 [ ] 02 [ ] 03 [ ] TASER (Contact Stun) 01 [ ] 02 [ ] 03 [ ] TASER (ARC Cycle) 01 [ ] 02 [ ] 03 [ ] TASER (Spark Displayed) 01 [ ] 02 [ ] 03 [ ] OTHER _____	ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) TASER (Probe Discharge) 01 [ ] 02 [ ] 03 [ ] IMPACT MUNITION (Describe in Box 40) OTHER _____	KNEE STRIKE KICKS OTHER _____	FIREARM [REDACTED]			
	41. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)	RANK	STAR NO.	UNIT NO.	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member					
46. WEAPON TYPE 01 REVOLVER 02 RIFLE 03 SHOTGUN	04 SEMI-AUTO PISTOL 05 CHEMICAL WEAPON 06 TASER (Probe Discharge) 07 OTHER	47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	48. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	49. WEATHER CONDITIONS <b>CLEAR</b>				
50. MAKE/MANUFACTURER <b>GLOCK, INC.-AU-</b>	51. MODEL <b>17</b>	52. BARREL LENGTH <b>4.5</b>	53. CALIBER/GAUGE <b>9 MM</b>					
54. TASER DART ID NO <b>YRK053</b>	55. WEAPON SERIAL NO (Include Letters) <b>YRK053</b>	56. CHICAGO GUN REG. NO. <b>R036377S</b>	57. IL FIREARM OWNER ID NO. <b>14670678</b>	58. HANDGUN CERTIFICATE NO				
59. SPECIAL WEAPON CERTIFICATE NO	60. PROPERTY INVENTORY NO	61. TYPE OF AMMUNITION USED <b>Department Issued</b>	62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>	63. TOTAL NO. OF SHOTS MEMBER FIRED <b>8</b>				
64. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)	68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW	69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DODGEWAYS, CAR, FURNITURE, ETC) <b>NONE</b>	72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input checked="" type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT.							
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input checked="" type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION	74. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input checked="" type="checkbox"/> 05 OTHER (SPECIFY) ON FENCE							
					75. EVENT NO <b>1718219168</b>	76. RD NO <b>JA330884</b>		

**1718219168**

INFORMATION

SIGNATURES

77 NOTIFICATIONS (ALL INCIDENTS) IMMEDIATE SUPERVISOR DSS OF DISTRICT OF OCCURRENCE

NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT):  OEMC  CPICNOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT):  OEMC

Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.

78 ADDITIONAL INFORMATION

**ASSAILANT ARMED WITH A RIFLE AND SEMI-AUTO HANDGUN.  
PRELIMINARY INVESTIGATION REVEALED 8 SPENT CASINGS DISCHARGED FROM OFFICER'S WEAPON.**

79 REPORTING MEMBER (Print Name)

**COJOCNEAN, DAN M****02-JUL-2017 06:13:41**

STAR/EMPLOYEE NO.

**15003**

SIGNATURE

Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.

80: REVIEWING SUPERVISOR (Print Name)

**ONESTO, MICHAEL J**

STAR NO

**1739**

SIGNATURE

DATE REVIEWED

TIME

**02-JUL-2017 06:37:53****JA330884**

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

### B1. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

Offender succumbed to his injuries.

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

### B2. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

U#17-014 IPRA personnel on scene. The member's vehicle does not have an ICC system. The Reporting Deputy reviewed appropriate, available BWC's which included the above member's BWC. The member responded to a call of Shots Fired, Man with a Gun at the listed address. The member proceeded to the rear of the location via the South gangway on foot. While in the gangway the member heard a voice from inside the residence state in essence, not verbatim, "grab the guns and go". Upon climbing a fence leading to the rear yard the member encountered the armed offender who turned in the direction of the member. The member discharged his weapon in defense of self and his partner. An assault rifle and a semi-automatic handgun were recovered in immediate proximity to the offender. Based upon the available evidence at this time it is the preliminary determination of the Undersigned that the member acted within Departmental guidelines.

### B3. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

### B4 LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED

LOG NO. 1085782 OBTAINED

### B5. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

**O'DONNELL, JAMES C**

86 TRR \_\_\_\_\_ DF \_\_\_\_\_ TRR(S) \_\_\_\_\_

### B7. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION

SIGNATURE  


DATE COMPLETED TIME  
**02-JUL-2017 06:59:04**